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Manitoba

WORKPLACE SAFETY AND HEALTH DIVISION
1000 - 330 St. Mary Avenue
Winnipeg, Manitoba
R3C 3Z5
(204) 945-3446

MANITOBA HEALTH
Communicable Disease Control
800 Portage Avenue
Winnipeg, Manitoba
R3G 0N4
(204) 945-6791

AND

THE ADVISORY COUNCIL ON WORKPLACE SAFETY AND HEALTH

AIDS AND THE WORKPLACE: AN INFORMATION AND POLICY GUIDANCE DOCUMENT

DRAFT

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NOTE: This is a draft document and we welcome your comments/ suggestions. Please forward comments to the Workplace Safety and Health Division at the address on the covering page.

I. PREAMBLE

The disease AIDS is a public health issue. The control of risks to health hazards in the workplace is an employer responsibility as legislated by the Workplace Safety and Health Act.

Because of the serious nature of the disease and the way in which it is spread - primarily through blood and other body fluids - there are varying degrees of risk to the public and of exposure in the workplace. It therefore seemed appropriate for the two departments, Manitoba Health and Workplace Safety and Health, to collaborate on issues specific to the workplace. The Advisory Council on Workplace Safety and Health developed informational material which served as a starting point for this document.

In successfully dealing with the issue of AIDS in the workplace, two key areas have been identified -- AIDS education for employees and workplace policy development.

The first part of this document provides background information and discusses why companies should address the issue of AIDS in the workplace. The second part identifies a response that companies can adopt, and it outlines the various considerations that should be kept in mind when taking action.

II. FACTS ABOUT AIDS

AIDS is caused by a virus which is present in the body fluids (especially blood and semen) of infected persons. It is largely a sexually transmitted disease though, in the workplace, blood resulting from an accident might be potentially dangerous. Since there are approximately 200 known carriers of AIDS in Manitoba with thirty-one actual cases, it is not very likely that a worker will be exposed by spilled blood on the shop floor. In addition, the AIDS virus is fragile and will not survive drying for more than a few minutes.

Nevertheless, because there is no known cure for AIDS at present, it is prudent to err on the side of safety and assume that all spilled blood is contaminated.

If the simple safety precautions outlined in this document are available and followed, there should be no danger to any worker as the result of an accident to a colleague. These precautions are not intended to interfere with a worker's right to refuse as provided in The Workplace Safety and Health Act.

The point simply is made that AIDS is usually transmitted by sexual contact, that casual exposure to an infected person will be harmless, but

that, in spite of this and the rarity of the condition in Manitoba, prudent handling of blood is sensible.

AIDS (Acquired Immune Deficiency Syndrome) is a condition in which the body's infection control or immune system is weakened and unable to ward off the invasion of infectious agents. It is caused by a virus which attacks and kills a special type of white blood cell. As a result the natural body defense system no longer functions properly. The person is now susceptible to other diseases which do not affect those whose immune systems are working normally.

How is the virus spread?

The virus may be transmitted from an infected person to an uninfected person in the following ways:

- Sexual contact. Most persons with AIDS have been exposed to the virus through sexual intercourse with infected individuals. This applies to both heterosexual and homosexual intercourse.

- Sharing needles used for I.V. drugs.

- Transfusion or injection of an infected blood product.

- From an infected mother to her fetus or newborn babe.

How it is not spread.

There is no evidence that the virus is spread through casual social contact, e.g., shaking hands, social kissing, coughing, sneezing, or hugging. It is not spread by insects like mosquitoes. It is not transmitted by food handling, swimming in the same pool, using the same toilet or telephone, or sitting next to an infected person. The theoretical risk to plumbers and pipefitters working on sewer lines is exceedingly small; no case of spread by contamination from such a source has yet been recorded. It is only spread by sexual intercourse if one partner is infected.

An important characteristic of the virus to understand is that, outside of the human body, out in the environment, in the air, on environmental surfaces, or even on human skin, this virus is unusually fragile and harmless.

The HIV is a weak microorganism that requires a moist, temperature-controlled environment in which to survive. It does not live well outside the body. Sunlight kills this virus. Common household cleaning products such as Lysol or diluted Clorox or even plain soap and water kill the virus. The hot water in a home or restaurant dishwasher easily

kills the virus. The virus cannot live for very long on environmental surfaces, and even if it did, it would remain harmless without a way to enter into the human bloodstream via the mucous membranes that are found within someone's body.

Activities which place an individual at high risk.

- Multiple sexual partners
- Anal intercourse
- I.V. drug abuse
- Exposure to contaminated blood

The disease AIDS.

When the AIDS virus enters the body, usually as a result of sexual activity, antibodies are produced as part of the body's defense mechanism. These antibodies can be detected by a blood test. This is NOT a test for AIDS. A positive test result does not indicate whether the person will get AIDS at some time in the future. Some, however (approximately 10%), do progress to develop full blown AIDS. A positive test does mean that the person may have the virus in his/her body and could therefore pass it to others.

Non-discrimination.

Employers must provide equal employment opportunities to all employees in their workplace and ensure that workers who are members of high risk groups or those who have the AIDS antibody are not discriminated against by management or by other workers.

Employers and other workers may feel they need to know if a co-worker has tested positive for AIDS infection. This type of disclosure is an invasion of the worker's right to privacy and may lead to possible discrimination. Such workers should be allowed to continue in their employment as long as they are medically able to do so.

Handling injured persons in the workplace.

To decrease the risk of transmission of any infection, appropriate precautions must be taken. <u>All</u> shed blood should be considered **<u>CONTAMINATED</u>**.

Handwashing: Hands must be washed thoroughly with soap and water after all direct contact with blood or body fluids.

Gloves: Rubber gloves should be used when handling blood or body fluids as well as objects contaminated by them. Any worker with open sores or cuts on the hands should put on gloves before coming in contact with an injured person.

Sharp Instruments: Extreme care is necessary to avoid accidental wounds from contaminated sharp instruments. Needles used to remove splinters should not be reused. They should be disposed of in puncture-resistant containers. No attempt should be made to recap or bend needles prior to disposal. Tools, chisels, drill bits, etc. which come in contact with body fluids should be cleaned with a paper towel and decontaminated with a solution of household bleach.

Blood/Body Fluid Spills: Should be wiped up immediately with disposable paper towels and the area cleaned with a household bleach solution (one part bleach to nine parts water - prepared fresh).

Clothing: Clothing that is soiled by body fluids should be laundered or dry cleaned.

C.P.R.: Disposable devices with a oneway valve mechanism for mouth-to mouth cardiopulmonary resuscitation should be available.

Clean-up procedures.

Workers whose clothing is contaminated with blood should remove the soiled clothing and place it in double plastic bags for laundering. These bags should be clearly labelled **"CONTAMINATED WITH BODY FLUIDS"** so that the cleaning agency will be alerted to handle the contents with suitable precautions.

Areas of the shop floor or benches which have been covered with blood should be mopped with paper towels, washed with soap and water and then cleaned with a sodium hypoclorite solution (this is made by diluting one part household bleach with nine parts water). All clean-up material should be placed in labelled, double plastic bags for disposal. If mops have been used in the clean-up process, these should be thoroughly washed in a soap and water solution and allowed to dry before re-use.

Sodium hypoclorite is corrosive to aluminum. Thus for decontamination of aluminum or electronic equipment, a 70% isopropyl alcohol solution applied for a period of 10 minutes should be used instead.

A worker who has been exposed to blood and/or body fluids in the workplace should report this at once to the supervisor.

If there has been contact with blood or body fluids to the eyes, mouth, open sores or wounds, workers should consult their doctor as soon as possible.

III. NEED FOR POLICY

Since AIDS tends to strike people in their economically most productive years, from twenty-five to forty-five, the people most likely to be diagnosed with AIDS in the future are generally employed somewhere in the workplace.

Today there are 2.3 billion economically active people in the world. The workplace plays a central role in the lives of people everywhere. A consideration of HIV/AIDS and the workplace will strengthen the capacity to deal effectively with the problem at the local, national and international levels.

HIV infection and AIDS are global problems. At any point in time, the majority of HIV-infected persons are healthy; over time, they may develop AIDS or other HIV-related conditions or they may remain healthy. It is natural that questions are asked about the implications of HIV/AIDS for the workplace.

Concern about the spread of HIV/AIDS provides an opportunity to re-examine the workplace environment. It provides workers, employers and their organizations, and where appropriate, governmental agencies and other organizations, with an opportunity to create an atmosphere conducive to caring for and promoting the health of all workers. It provides an opportunity to re-examine working relationships in a way that promotes human rights and dignity, ensures freedom from discrimination and stigmatization, and improves working practices and procedures.

In the vast majority of occupations and occupational settings, work does not involve a risk of acquiring or transmitting HIV between workers, from worker to client, or from client to worker.

AIDS will not represent a threat for the company that is prepared. Being prepared means adopting a policy that (1) outlines how the company would respond were it known or believed that an employee had become infected with the AIDS virus and (2) makes provision for educating all employees about the issue and about the company's approach to dealing with it.

The specific steps to developing an AIDS policy will vary from organization to organization. Size of the company, type of industry, geographic distribution and demographics of the workforce and corporate style will all help to determine how your organization deals with this issue. It has been recommended that three general principles be applied to everything you do regarding AIDS:

1. Manage AIDS the way you would manage any other workplace issue.
2. Do what you already know how to do.
3. Be consistent with your usual workplace style. It is seldom wise to try experimental approaches in setting policies about AIDS.

Many workplaces already have personnel policies that cover such issues as employee illness, long-term disability, and safety at the workplace. Special adaptation of existing policies or development of new policies for dealing specifically with AIDS is advisable. Further, because AIDS is a disease that will be with us for the foreseeable future, written policies are preferable to unwritten policies, whose details may not always remain clear to those responsible for implementation.

The purpose of the next part of this document is to provide guidance for those considering issues raised by HIV/AIDS and the workplace. Such consideration may involve review of existing health policies or development of new ones. The next section will focus upon the basic principles and core components of policies regarding HIV/AIDS and the workplace.

IV. POLICY PRINCIPLES

Protection of the human rights and dignity of HIV-infected persons, including persons with AIDS, is essential. Workers with HIV infection who are healthy should be treated the same as any other worker. Workers with HIV-related illness, including AIDS, should be treated the same as any other worker with an illness. Most people with HIV/AIDS want to continue working, which enhances their physical and mental well-being and they should be entitled to do so. They should be enabled to contribute their creativity and productivity in a supportive occupational setting.

Any approach to developing a policy for HIV/AIDS and the workplace must take into account the existing social and legal context. As well, the workplace policy should:

(1) foster a spirit of understanding and compassion for HIV-infected people and people with AIDS;

(2) protect the human rights and dignity of HIV-infected people and people with AIDS; and to avoid discriminatory action against, and stigmatization of them in the provision of services, employment and travel;

(3) ensure the confidentiality of HIV testing and diagnosis; and to promote the availability of confidential counselling and other support services.

V. POLICY DEVELOPMENT AND IMPLEMENTATION

Consistent policies and procedures should be developed through consultations between workers, employers and their organization, and where appropriate, governmental agencies and other organizations. It is recommended that such policies be developed and implemented before HIV-related questions arise in the workplace.

Your organization should know in advance what its approach to implementation will be. A minimum number of key people need to be identified.

They must:

(1) understand the medical facts about AIDS,

(2) know the organizational viewpoint about AIDS should it occur in your workplace, and

(3) be equipped to educate others about both the disease and your policy.

Policy development and implementation is a dynamic process, not a static event. Therefore, HIV/AIDS workplace policies should be:

(a) communicated to all concerned;
(b) continually reviewed in the light of epidemiological and other scientific information;
(c) monitored for their successful implementation;
(d) evaluated for their effectiveness.

VI. POLICY COMPONENTS

The following components should be considered in the development of any policy on AIDS.

A. Persons applying for employment: Pre-employment HIV/AIDS screening as part of the assessment of fitness to work is unnecessary and should not be required. Screening of this kind refers to direct methods (HIV testing) or indirect methods (assessment of risk behaviours) or to questions about HIV tests already taken. Pre-employment HIV/AIDS screening for insurance or other purposes raises serious concerns about discrimination and merits close and further scrutiny.

B. Persons in employment:

1. **HIV/AIDS screening:** HIV/AIDS screening, whether direct (HIV testing), indirect (assessment of risk behaviours) or asking questions about tests already taken, should not be required.

2. **Confidentiality:** Confidentiality regarding all medical information, including HIV/AIDS status, must be maintained.

3. **Informing the employer:** There should be no obligation of the employee to inform the employer regarding his or her HIV/AIDS status.

4. **Protection of employee:** Persons in the workplace affected by, or perceived to be affected by HIV/AIDS, must be protected from stigmatization and discrimination by co-workers, unions, employers or clients. Information and education are essential to maintain the climate of mutual understanding necessary to ensure this protection.

5. **Access to services for employees:** Employees and their families should have access to information and educational programmes on HIV/AIDs, as well as to relevant counselling and appropriate referral.

6. **Benefits:** HIV-infected employees should not be discriminated against including access to and receipt of standard social security benefits and occupationally related benefits.

7. **Reasonable changes in working arrangements:** HIV infection by itself is not associated with any limitation in fitness to work. If fitness to work is impaired by HIV-related illness, reasonable alternative working arrangements should be made.

8. **Continuation of employment relationship:** HIV infection is not a cause for termination of employment. As with many other illnesses, persons with HIV-related illnesses should be able to work as long as medically fit for available, appropriate work.

In any workplace situation where there is potential for transmitting blood-borne infections, including hepatitis B, infection control precautions should already be in place. These standard precautions will be equally effective against HIV transmission.

AIDS in the workplace is manageable. Preparation and planning avoid potential pitfalls and make possible an AIDS response that complies with the law, maintains rationality in the workplace, treats all employees with dignity and respect and minimizes the cost to the organization of this new epidemic.

ACKNOWLEDGEMENTS

We wish to **acknowledge** the following resources utlized in the development of this document:

British Columbia (1988). Ministry of Health, AIDS Information for the Workplace.

Greig, James D. (1987). AIDS: What Every Responsible Canadian Should Know. Toronto: Toronto Sun Publishing Corporation; Ottawa: The Canadian Public Health Association.

Manitoba (1988). Manitoba Human Rights Commission Policy # 1-1-7-1. H.I.V. Infection/AIDS.

Puckett, S.B. and Emery, A.R. (1988). Managing AIDS in the Workplace, Don Mills: Addison-Wesley Publishing Company Inc.

World Health Organization (1988). Statement From the Consultation on AIDS and the Workplace, Geneva, Switzerland.

APPENDIX "A"

Minimum requirements at all first aid equipment sites:

- Disposable mouthpiece (for CPR)
- Surgical Gloves (for handling injured persons) - 2 pair
- Rubber Gloves (for clean-up) - 2 pair
- Heavy Duty Garbage Bags (with ties) - 2
- Absorbent Paper Towels - 2 rolls

Minimal additional requirements conveniently adjacent to all work sites:

- Heavy Duty Plastic Bucket - 1
- Mop - 1
- Commercial Soap Solution - 500 mls
- Household Bleach - 1000 mls
- Isopropyl Alcohol (70%) - 500 mls
- Paper Towels - 2 rolls

APPENDIX "B"

RESOURCES

A wide variety of educational/awareness materials are already available, and new materials are being produced all the time. You may obtain **print** or **audiovisual materials** from the following:

Health and Welfare Canada
Federal Centre for AIDS
301 Elgin Street, 2nd Floor
Ottawa, Ontario
K1A 0L2
(613) 957-1774

Canadian Public Health Association Clearing House
1335 Carling Avenue, Suite 210
Ottawa, Ontario
K1Z 8N8

Manitoba Health
Resource Centre
880 Portage Avenue
Winnipeg, Manitoba
R3G 0P1
Publications: (204)945-8978
Audio Visual: (204)945-8977

Clearinghouse on AIDS Information
in the Workplace
CONTACT: Personnel Journal
245 Fischer Avenue B-2
Costa Mesa, CA 92626
(714)751-1883

Village Health Clinic
709 Corydon Avenue
Winnipeg, Manitoba
R3M 0W4
(204) 453-0045

The following **books** may be useful references for workplace educators and policy developers:

DePaul, Elizabeth and Liberman, Miriam (1987).
Facts on AIDS for the Public, 1st ed. rev.
Ottawa: Canadian Public Health Association.
81 pp., $4.95, available from the
C.P.H.A. 1335 Carling Avenue, Suite 210,
Ottawa, Ontario K1Z 8N8 (613) 725-3769

Grieg, James D. (1987). AIDS: What Every Responsible Canadian Should Know. Toronto: Toronto Sun Publishing/C.P.H.A.
142 pp., $3.50, available in bookstores.

Puckett, S.B. and Emery, A.R. (1988). Managing AIDS in the Workplace. Don Mills, Ontario: Addison-Wesley Publishing Co., Inc.
191 pp., $19.95.

AIDS Information Line (Manitoba)

Companies wishing to provide confidential access to an authoritative and up-to-date source of information for the employees should post the AIDS Information Line phone number where it can be easily seen and recorded:

(204) 945-2437
1-800-782-2437 (Toll Free Manitoba Only)

For answers to **general questions** about AIDS or specific workplace issues, you may contact the following:

Manitoba Health
Communicable Disease Control
3rd Floor, 800 Portage Avenue
Winnipeg, Manitoba
R3G 0N4
(204) 945-6791

Workplace Safety and Health Division
1000 - 330 St. Mary Avenue
Winnipeg, Manitoba
R3C 3Z5
(204) 945-3446

Workplace managers wishing for assistance with education or a question-and-answer session for employees should contact the main **Public Health Unit** for their region:

CENTRAL REGION

Linda Lehman (857-9711)
PHN Co-ordinator
Manitoba Health
Central Office
25 Tupper Street N.
Portage la Prairie, Manitoba
R1N 3K1

Pat Cockburn, (385-2968)
Director, Community Health Services
Manitoba Health
7 Regions Health Centre
Box 1000
Gladstone, Manitoba
R0J 0T0

EASTMAN REGION

Anne Friesen (326-1363)
Senior Nurse
Manitoba Health
Steinbach Health Unit
Box 2560
Steinbach, Manitoba
R0A 2A0

PARKLANDS REGION

Jacqueline Ferry (638-8785)
PHN Program Supervisor
Manitoba Health
Dauphin District Office
707 - 3rd Street S.W.
Dauphin, Manitoba
R7A 1R8

THOMPSON REGION

Leslie Chapman (778-7371)
A/Health Programs Co-ordinator
Manitoba Health
Thompson Regional Office
871 Thompson Drive
Thompson, Manitoba

WESTMAN REGION

Iola Penner (726-6284)
Regional Co-ordinator of
Community Health Programs
Manitoba Health
Brandon Regional Office
340 - 9th Street
Brandon, Manitoba

INTERLAKE REGION

Pat Kinrade (482-4511)
Regional Senior Nurse
Manitoba Health
Selkirk Regional Office
202 - 446 Main Street
Selkirk, Manitoba
R1A 1V7

NORMAN REGION

Senior Nurse (687-3457)
Manitoba Health
Flin Flon District Office
Box 550
Flin Flon, Manitoba
R8A 1N4

Debbie Clevett (623-6411)
Senior Nurse
Manitoba Health
The Pas District Office
Box 2550
The Pas, Manitoba
R9A 1M4

WINNIPEG WEST-CENTRAL REGION

Donna Forbes (945-6248)
Regional Co-ordinator
Manitoba Health
200 - 2015 Portage Avenue
Winnipeg, Manitoba
R3J 0K3

WINNIPEG NORTH REGION

Lorna Feindel (945-8558)
Public Health Supervisor
Manitoba Health
1400 Henderson Highway
Winnipeg, Manitoba
R2G 1N2

WINNIPEG SOUTH REGION

Sandy Kibbins (945-8210)
Public Health Supervisor
Manitoba Health
2989 Pembina Highway
Winnipeg, Manitoba
R3T 2H5

Other speakers can be arranged through the Manitoba Health/Village Health Clinic, Speakers' Bureau. For further information contact: (204) 945-6791 or (204) 453-0045.

Since efforts to educate employees have already been undertaken by a number of companies throughout Canada, employers may wish to investigate what resource materials have been developed in the **private sector**. Some companies presently active in the area of AIDS education for the workplace include the Bank of Montreal, Petro-Canada, Northern Telecom Ltd., Imperial Life Assurance Co., and Mercantile and General.